

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016181

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 117

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MaryvilleLength of stay in 1b
5 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Elmo

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
noneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LINNIE

LEORA

PRUITT

4. DATE OF DEATH

Month

Day

Year

4

20

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/14/94

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Own home11. BIRTHPLACE (City and state or country)
Elmo, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Grant Elrod

13b. MOTHER'S MAIDEN NAME

Ruby Kelso

14. NAME OF HUSBAND OR WIFE

Dana Glenn Pruitt, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT

Address

Mrs. Lawrence Zimmerman, Maryville,

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous

INTERVAL BETWEEN ONSET AND DEATH

3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adeno-Carcinoma of uterus

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/15/60 4:45 P. to 4/20/62 and last saw her alive on 4/20/62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

4-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/22/62

23c. NAME OF CEMETERY OR CREMATORY

LaMar

23d. LOCATION (City, town, or county)

Elmo, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

4-21-62

26. REGISTRAR'S SIGNATURE

Beas / Holt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0745

20740

3

4 1

5 2

6

7 0

8 2

9 174X

10

11

12 2-0

13 1-0

MAY 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.